

**SPECIAL MEETING OF THE ARKANSAS CENTRAL CANCER REGISTRY
SUBCOMMITTEE OF THE ARKANSAS STATE BOARD OF HEALTH**

March 13, 2015

MEMBERS PRESENT

Gary Bass, Pharm D. (via phone)
Beverly Foster, D.C. (via phone)

GUESTS PRESENT

Joseph Bates, M.D., Deputy State Health Officer
Rick D. Hogan, General Counsel
Elizabeth Pitman, Deputy General Counsel
Leslie Lovett, Board of Health Liaison
Lucy Im, Senior Epidemiologist
Chris Fisher, Systems Programmer
Howraa Al-Mousawi, Vital Statistics, Section Chief

MEETING OF THE STATE BOARD OF HEALTH

The special meeting of the Arkansas Central Cancer Registry Subcommittee of the Arkansas State Board of Health was held Friday, March 13, 2015, in the 5th Floor Briefing Room of the Arkansas Department of Health in Little Rock, Arkansas. Members participating by conference call were Gary Bass, Pharm D. and Beverly Foster, D.C. The meeting was called to order at approximately 12:00 p.m.

Re-Consent for Arkansas Central Cancer Registry (ACCR) data to be used by the American Cancer Society (ACS) for use in the 2015 ACS Cancer Facts and Figures

The Arkansas Central Cancer Registry (ACCR) submits a non-identifiable dataset to the North American Association of Central Cancer Registries (NAACCR) each year for certification. NAACCR maintains a national cancer registry dataset that is used for publications, such as the *Cancer in North America* (CINA) and a series of American Cancer Society (ACS) documents. On February 24, 2015, NAACCR requested states to provide re-consents for NAACCR to provide state cancer registry data to the American Cancer Society (ACS) for use in the 2015 ACS Cancer Facts & Figures series.

A motion was made by Dr. Foster and seconded by Dr. Bass.

Re-Consent for Arkansas Central Cancer Registry (ACCR) data to be used by the American Cancer Society (ACS) in Routine Inquiries

NAACCR requested states to provide re-consents for NAACCR to provide state cancer registry data to the American Cancer Society (ACS) for use in routine requests for statistics.

A motion to approve was made by Dr. Bass and seconded by Dr. Foster.

Re-Consent for Arkansas Central Cancer Registry (ACCR) data to be used by the American Cancer Society (ACS) in determining demographic and regional/state variations in ductal carcinoma in situ (DCIS) & early stage breast cancer and treatment

NAACCR requested states to provide re-consents for NAACCR to provide state cancer registry data to the American Cancer Society (ACS) for use in determining demographic and regional/state variations in ductal carcinoma in situ (DCIS) & early stage breast cancer and treatment. Consents had been approved previously by the ACCR during the data submission process to NAACCR; however, the language in the consents has now been updated to be more clear about how many researchers are using the data and how the data are accessed.

A motion to approve was made by Dr. Foster and seconded by Dr. Bass.

**New Consent to use ACCR data in the study, epidemiology of
pediatric brain tumors in the Appalachia, by the University of Kentucky,
Kentucky Cancer Registry**

The University of Kentucky, Kentucky Cancer Registry, is requesting ACCR data for the study, - of - epidemiology of pediatric brain tumors in Appalachia in comparison to non-Appalachian states. The Appalachian population is unique and relatively homogeneous, which provides an ideal group to develop an impactful genome-wide association study. ACCR received a subsequent extension in order to bring this request before the Board of Health. We ask for your consideration of this request so that Arkansas may be included in national cancer surveillance publications and data requests.

A motion to approve was made by Dr. Bass and seconded by Dr. Foster.


**New Consent for ACCR in the amended study, cadmium exposure
and endometrial cancer risk, by the University of Missouri, Columbia**

The University of Missouri (UM) had requested assistance from the Arkansas Central Cancer Registry in reaching endometrial cancer patients. The Science Advisory Committee (SAC) approved it in the past and the Cancer Registry contacted patients to see if they would like to participate in the UM study. The list of consenting patients was sent to UM to follow-up with the patients individually for the study. UM is now requesting additional individual-level Cancer Registry data on consenting participants (demographics, cancer staging, histology, treatment, and vital status information) and aggregate data (demographics, staging, histology) on non-consenting participants.

A motion to approve was made by Dr. Foster and seconded by Dr. Bass.

There was no further business to report and the meeting was adjourned at approximately 12:30 p.m.

Respectfully submitted,


Gary Bass, Pharm D.
Chairman